LORBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

3,

б, 7.

New Representation

If No. who pays you?

. Terminated Representation as of

Does this person pay you?



Instruction	nne	15	88		<u> </u>	29
Print in ink or type.				FOR OFF	CE HEE	OM V
Complete form, have it notarized and return with \$10 fee to Board of Ethics,				Postmark D	LCE USE	10 00
8401 United Plaza Blvd., Suite 200 Baton 922-1400	n with \$10 fee to H	oard of Ethics,		1 OSUMARK L	/ate; 5*	1-11
922-1400.	Wonde I'V \0803".	7017, (225)	1	1-Super	>	
This form must be submitted within 5 days form to add employers or the property of the pr			e l	.08		
form to add employers or those you repres	or any changes in	your registration	1	All and the second	100	2000
TYPE TEXALIBITION. IT MUST be emberged	d within 10 days -4	all activities		H=300 6	TO	3098
of employment or representations.	# Widing to days or	any termination	าร	3000	50	
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Last	int Correct	<u> </u>			122	
Control of the contro	AND NO. OF THE		MI			57.4
2. BUSINESS PHONE 504 893	6602			30	□	in .
	576 - 101 372094,7311 23	•		-	1.00	
3. BUSINESS ADDRESS P.O. Box Street and No.	24/00	0		59 6000	0200 SEE	
3. BUSINESS ADDRESS 7.0. DOX	2782	COVIN	6. FUN	LA 70.	134	
		State		Zip	20000000000	
4. EMPLOYER BURGING ASS.				-		
4. EMPLOYER NUKE-14 1753.	OCIMTES					
		241 2010 20 40				
5. EMPLOYER'S ADDRESS SAME						
Street and h	d.		<u> </u>			
Substand P	10.	City	State	2ip		
 Have you ceased or terminated all lobbying acti 	200000000 4000	08 82 80 32				
are the same of tentimeter are thopying acti	Atties tednitud ted	istration? Yes	<u> </u>	No_X		
7. LIST BELOW (a) Names of persons around or						
 LIST BELOW (a) Names of persons, groups, or person, group, or organization listed; (c) the pure 	organizations wat	on you are addu	ng or ellmir	sting; (b) the	address of	each auch
person, group, or organization listed; (c) the ty group; (d) whether or not the client or someone	pe or ousnees sac	re engaged in o	or the burbo	as or function (of the organ	núzation o
The state of someon	s crao baya you to i	dody; and (e) th	e date of te	rantmation if ap	plicable.	
P ESI						
1. Name LA . ASSO. OF A	Moupenfir	Deca	(1 + A -			
1			16.17	1003	-3 8	
Address P.O. Box 43	08. BA	TON KING	36- 5	10 7A	22/	
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Bosiness or purpose Now PROFIT	22				5.05	t and

SUPPLEMENTAL REGISTRATION FORM



2.	Name
	Address
	Business or purpose
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of
3.	Name
	Address
	Business or purpose
	Wow Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of
Sta	te of
	ish of
	fore me, the undersigned authority, personally came and appeared R. Jone Bengen, who,
	er being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.
	Z O. A.
	Signature of Lobbyist
Sw	orn to and subscribed before me on this Sak day of Sums. 1979.
	Notary Public Constay & Down
Rev	Notary Public Constay O Doom